

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		22 050375
Township of <u>Columbia, S.C.</u>		Bureau of Vital Statistics		
or		State Board of Health		
Inc. Town of		Registration District No. <u>38 A</u>	Registered No. <u>1027</u>	
or		(For use of Local Registrar)		
City of		(No. St.; Ward)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child <u>Silas Hunter</u>			If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Twin</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 15 22</u>
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)				
FATHER.			MOTHER.	
(8) FULL NAME <u>Anderson Hunter</u>	(14) NAME BEFORE MARRIAGE <u>Victoria Hunter</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>	
(12) BIRTHPLACE <u>Newberry Co.</u>		(18) BIRTHPLACE <u>Lexington Co.</u>		
(13) OCCUPATION <u>Daily Labor</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Six</u>		(21) Number of children of this mother now living, including present birth <u>Five</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>One alive</u> at <u>9:30</u> p. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Mrs. Nancy Barr</u>		(25) Address of Physician or Midwife <u>#12 Riverside Ave.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19		(27) Filed <u>Jan. 21 22</u> (28) <u>E. O. McGregor</u> Local Registrar.		
Registralar				
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.				